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CONFIRMATION NO. 2355

<b>SERIAL NUMBER</b> 10/748,436	<b>FILING OR 371(c) DATE</b> 12/31/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> IQB-0020 (2203.0020C)	
<b>APPLICANTS</b> Andrew J. Polcha, Lovettsville, VA; Michael P. Polcha, Lovettsville, VA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/436,996 12/31/2002 and claims benefit of 60/470,204 05/14/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/04/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>DR</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 34610					
<b>TITLE</b> Fingerprint reader using surface acoustic wave device					
<b>FILING FEE RECEIVED</b> 1169	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		